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TRADEMAR			Attorney Docket No.	1194-176	
DECL	ARATION AN	D POWER OF	First Named Inventor	Myron Spector	
ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			COMPLETE IF KNOWN		
			Application Number	09/885,527	
☐ Decla	Declaration X Submitted with Initial Filing	Declaration Submitted after Initial Filing	Filing Date	June 21, 2001	
			Group Art Unit	Unassigned	
Filing			Examiner Name	Unassigned	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **COLLAGEN TUBES FOR NERVE REGENERATION** the specification of which was filed on June 21, 2001 as U.S. Application No. 09/885,537.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Country	Foreign Filing Date	Priority Not	Certified Co	ppy Attached?
Numbers		(MM/DD/YYYY)	Claimed	YES	NO

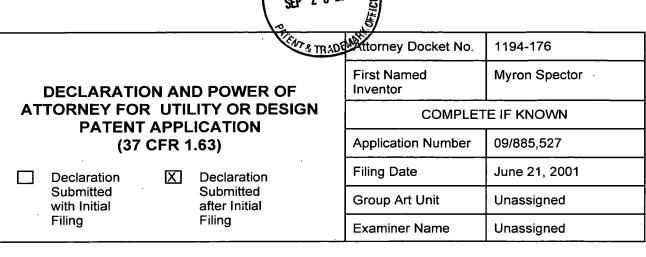
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/214,848	06-28-2000

I or we hereby appoint the registered practitioner(s) associated with Customer No. **6449** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number **6449**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: [] A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]), Myron	Family Name or Surname SPECTOR				
Inventor's Signature		Date x aug. 6, 2001			
Residence: City Brookline	State MA	Country USA	Citizenship USA		
Mailing Address 91 Seaver Street, Bro	okline, MA 02146				
NAME OF SECOND INVENTOR:	[] A petition ha	as been filed for this unsigned inventor			
Given Name (first and middle [if any]) Lothar	Family Name or Surname SCHLOESSER				
Inventor's Signature	Date				
Residence: City Darmstadt	State	Country Germany	Citizenship German		
Mailing Address Von-der-Au-Strasse 2	7, D-64297 Darmstadt,	Germany			
NAME OF THIRD INVENTOR:	[] A petition h	as been filed for this un	signed inventor		
Given Name (first and middle [if any]) Peter	Family Name or Surname GEISTLICH				
Inventor's Signature	Date				
Residence: City Stansstad	State	Country Switzerland	Citizenship Swiss		
Mailing Address Kehrsitenstrasse 19, CH-6362 Stansstad, Switzerland					
NAME OF FOURTH INVENTOR:	has been filed for this unsigned inventor				
Given Name (first and middle [if any])	Family Name or Surname				
Inventor's Signature	Date				
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		



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My residence, mailing address, and citizenship are as stated below next to name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **COLLAGEN TUBES FOR NERVE REGENERATION** the specification of which was filed on June 21, 2001 as U.S. Application No. 09/885,537.

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Prior Foreign Application	Country	Foreign Filing Date	Priority Not	Certified Cop	y Attached?
Numbers		(MM/DD/YYYY)	Claimed	YES	NO

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NAME OF SOLE OR FIRST INVENTOR: [] A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Myron	Family Name or Surname SPECTOR				
Inventor's Signature	Date				
Residence: City Brookline	State MA	Country USA	Citizenship USA		
Mailing Address 91 Seaver Street, Bro	okline, MA 02146				
NAME OF SECOND INVENTOR:	[] A petition ha	as been filed for this uns	signed inventor		
Given Name (first and middle [if any]) Lothar	Family Name or Surname SCHLOESSER				
Inventor's Signature	Date August 14, 2001				
Residence: City Darmstadt	State	Country Germany	Citizenship German		
Mailing Address Von-der-Au-Strasse 2	7, D-64297 Darmstadt,	Germany			
NAME OF THIRD INVENTOR:	[] A petition h	as been filed for this un	signed inventor		
Given Name (first and middle [if any]) Peter	Family Name or Surname GEISTLICH				
Inventor's Signature Peter R:= L. I.		Date August 14, 2001			
Residence: City Stansstad	State	Country Switzerland	Citizenship Swiss		
Mailing Address Kehrsitenstrasse 19, CH-6362 Stansstad, Switzerland					
NAME OF FOURTH INVENTOR:	has been filed for this unsigned inventor				
Given Name (first and middle [if any])	Family Name or Surname				
Inventor's Signature	Date				
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Mailing Address					
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City	State	Zip	Country		